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## STATEMENT OF

FORM 1	ORGANIZATION									Offic	e Use O	nly		
1. NAME OF COMMITTEE (in	full)	,	eck if name nanged)		ample:If to	yping, type s.	e	12F	E4M	5				
National Ma	rine M	anufact	urers A	ssocia	ation's	BOA	AT F	Politi	cal	Action	on C	omr	nitt	ee
ADDRESS (number and street)		444 North C	apitol Street,	N.W.										
(Check if address is changed)		Suite 645												
		Washington	<b>1</b>					DC		2000	1			
				CITY				STATE			ZIP	CODE		
COMMITTEE'S E-MAIL ADDRES  (Check if address is changed)		S (Please pro jmcknight@	-	e e-mail ad	ddress)									
COMMITTEE'S WEB	PAGE ADD	RESS (URL)												
(Check if address														
is change	d)													
2. DATE 10			011											
3. FEC IDENTIFIC	CATION NU	MBER	C	C002455	48									
4. IS THIS STATE	MENT	NEW (N	OR	>	AM	ENDED (/	A)							
I certify that I have e	examined thi	s Statement	and to the b	est of my	knowledg	ge and be	lief it i	s true,	corre	ct and c	complet	е.		
Type or Print Name	of Treasurer	John McKr	ight											
Signature of Treasure	John Mo er	Knight			[Electro	nically File	ed]	Date	м 1	0 /	20	/ Y	2011	
NOTE: Submission of		ous, or incomp		•			•				enalties	of 2 U.	S.C. §	437g.
Office Use Only					Federal E Toll Free	er informat Election Com 800-424-95 2-694-1100	nmissior				EC F	_		